PTO/SB/17 (10-08)

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Date 06-13-2011

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Complete if Known Effective on 12/08/2004. pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/667,722 **Application Number** TRANSMIT Filing Date 09-22-2003 For FY 2009 First Named Inventor Leon Benhamou, et al. McCarthy, Christopher S **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2113 TOTAL AMOUNT OF PAYMENT (\$) 1,170.00 Attorney Docket No. 1400.1375150 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: Ross D. Snyder & Assoc. ✓ Deposit Account Deposit Account Number: <u>50-1566</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee ✓ Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) Fee (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 330 220 Utility 540 110 165 270 140 220 100 70 Design 110 50 220 170 Plant 110 330 165 85 650 Reissue 330 165 540 270 325 220 n n 0 Provisional 110 0 **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) **Fee Description** Fee (\$) 52 26 Each claim over 20 (including Reissues) 220 110 Each independent claim over 3 (including Reissues) 390 195 Multiple dependent claims Multiple Dependent Claims Extra Claims **Total Claims** Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee Paid (\$) Indep. Claims Fee (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets Total Sheets (round up to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 1,170.00 Other (e.g., late filing surcharge): RCE (\$810) + 2 Mo. Ext. (\$490) - 1 Mo. Ext (\$130 previously paid) SUBMITTED BY Registration No. 37,730 Telephone (512) 347-9223

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

(Attomey/Agent)

Signature

Name (Print/Type) Ross D. Snyder

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TRADE IN THE Page	erwork Reduction Act of 1995	, no persons	s are required to respond to a c Application Number	10/667,72		unless it	displays a valid OMB control number.
TRANSMITTAL			Filing Date	09-22-200	09-22-2003		
FORM			First Named Inventor		Leon Benhamou, et al.		
1 011111			Art Unit	2113			
			Examiner Name	McCarthy	y, Christopher S		
(to be used for all correspondence after initial filing)			Attorney Docket Number				
Total Number of Pages in This Submission 73				1400.137	1400.1375150		
ENCLOSURES (Check all that apply)							
Amendme Aff Aff Aff Extension Express A Information Certified C Document Reply to M Incomplete Re	er Final idavits/declaration(s) of Time Request bandonment Request in Disclosure Statement		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Ferminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on C	Address		Appea of Appea (Appea Propri Status Other below uest for	Allowance Communication to TC al Communication to Board beals and Interferences al Communication to TC al Notice, Brief, Reply Brief) setary Information s Letter Enclosure(s) (please Identify): Continued Examination eipt Post Card
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name	Ross D. Snyder & Associates, Inc.						
Signature Soss D. Ryck							
Printed name Ross D. Snyder							
Date	06-13-2011	Reg. No. 37,73			30		
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Typed or printed name Ross D. Snyder, Reg. No. 37,730						Date	06-13-2011

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